CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS PRACTICES COMMISSION COVER PAGE

Date Received Official Use Only

Please type or print in ink

☐ Candidate

03 DEC 17 PM 3:23 Public Document

NAME (LAST)	(FIRST)	(MIDOLE)	DAYTIME TELEPHONE NUMBER	
Belshe	S	Kimberly	(916) 654-3724	
MAILING ADDRESS STREET (May be business address)	CITY	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS	
835 Santa Ynez Way	Sacramento	95816	,	
1. Office, Agency or Court Name: California Health and Human Services Agency		4. Schedule Summary (Check applicable schedules or "No reportable interests.") → During the reporting period, did you have any reportable interests to disclose on:		
Division, Board, District, if applicable Position: Agency Secretary	J.	Investments (Less than 10% Own	- schedule attached	
→ If filing for multiple positions, lis position(s): (Attach a separate	sheet if necessary.)		- schedule attached	
Agency:		1	: schedule attached ONS (Income Other than Loans, Gilts, and Travel)	
Position:		Schedule D Yes	- schedule attached	
2. Jurisdiction of Office (Ch	eck at least one box)	Schedule E Yes	- schedule attached	
County of		Schedule F Yes	s – schedule attached	
Multi-County			O r- ests on any schedule	
3. Type of Statement (Check		Total number of pages co cover page:2	mpleted including this	
		E Verification		
Annual: The period covered is through December 31, 2002. OThe period covered is/. December 31, 2002. Leaving Office Date Left:	/, through	statement. I have review of my knowledge the inf any attached schedules	of perjury under the laws of the	
(Check one) O The period covered is Janua the date of leaving office.		Date Signed/2/	the foregoing is true and correct.	
O The period covered is the date of leaving office.	, through	Signature	ily signed statement with your filing official.)	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	2	7	
Name			
Belshe			 _

> NAME OF BUSINESS ENTITY > NAME OF BUSINESS ENTITY	
American Express Smith Barney Fundamenta	al Value Fund
GENERAL DESCRIPTION OF BUSINESS ACTIVITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Credit Card Open-ended Mutual Fund	
OTOR OUT	
FAIR MARKET VALUE	\$10,001 - \$100,000
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> NAME OF BUSINESS ENTITY > NAME OF BUSINESS ENTITY	
Safeway Capital & Income Fund	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY GENERAL DESCRIPTION OF BUSINESS	NESS ACTIVITY
Food Open-ended Mutual Fund	
FAIR MARKET VALUE FAIR MARKET VALUE	
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> NAME OF BUSINESS ENTITY > NAME OF BUSINESS ENTITY	
Ericsson Wireless Communication Tyco	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY GENERAL DESCRIPTION OF BUSI	NESS ACTIVITY
Technology Conglomerate	
FAIR MARKET VALUE FAIR MARKET VALUE	
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Comments: _

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Belshe

-	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY	^
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Comments: _